

Iron Workers Local No. 8 Health and Welfare Fund

12034 W. Adler Lane • Milwaukee, WI 53214 • (800) 272-4248

HEALTH & WELFARE BENEFICIARY DESIGNATION FORM

Name _____ Birth Date _____

Address _____
(Street) (City) (State) (Zip)

Local Union # _____ Telephone # _____ Soc. Sec. # _____

Marital Status (*check one*) - Married _____ Single _____ Divorced _____

Primary Beneficiary(ies)

I, the undersigned, hereby revoke any and all prior beneficiary designations made by me with respect to the **Health & Welfare Funds** (the "Fund") and hereby direct that any benefits payable under the Fund upon my death be paid to the following primary beneficiary (or equally to the following primary beneficiaries). If you are married and select anyone other than your spouse as 100% primary beneficiary, please complete the Spousal Consent form the Plan office that needs to be completed and attached to this form.

Name	Relationship	Address

Contingent Beneficiary(ies)

In the event all of the above named beneficiaries die or disclaim before the full amount of my benefits, if any, has been paid, I direct that my entire remaining interest in the Fund be paid to the following contingent beneficiary (or equally to the following contingent beneficiaries):

Name	Relationship	Address

If none of the beneficiaries designated above survive me, payment shall be made to such beneficiary as the Fund's plan document provides.

I understand that if I am married and do not designate my spouse as the sole primary beneficiary, my spouse must Consent in writing to my designation on the form entitled "Spouse's Consent to Designation of Beneficiary". If I am presently ("unmarried" means I have never been married, or, if I was once married, I am not currently married because my marriage has been legally dissolved or because my spouse has died), no such spousal consent is necessary; however, if I later become married, my death benefits (if any) will automatically be paid to my spouse unless, after my marriage, I designate a non-spouse beneficiary to which my spouse consents.

The above designation shall become effective without further notice upon the Fund's receipt of this form before my death and, if necessary, with the written consent of my spouse, and is subject to all of the terms and conditions of the Fund and its governing documents.

Signature

Date